

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021188

FILED VS MAY 25 1960

318

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5162

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 75 yrs		c. CITY OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3621a Hartford Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3621a Hartford Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARTHA Middle M. Last LAUENSTEIN			4. DATE OF DEATH Month May Day 14 , Year 1960				
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/16/1876	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired saleslady		10b. KIND OF BUSINESS OR INDUSTRY Department Store		11. BIRTHPLACE (City and state or country) New Melle, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME August Lauenstein		13b. MOTHER'S MAIDEN NAME Marie Maschmeier		14. NAME OF HUSBAND OR WIFE single			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 488-10-1684A		17. INFORMANT Address Caroline Lauenstein, 3621a Hartford St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute cerebral apoplexy						INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) chronic arteriosclerosis	
						DUE TO (c) 334x	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Paralysis Agitans						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ---			
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	---					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov 1954 to May 14 '60 and last saw her 5/14/60 alive on Death occurred at 9:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Eugene a Vogel			22b. ADDRESS M.D. 3325 S Grand St.		22c. DATE SIGNED 5/16/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 17, 1960	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri		(State)
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave			25. DATE RECD. BY LOCAL REG. MAY 17 1960		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Eugene A. Vogel,
3325 So. Grand Ave.
2-4 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Homer H. Deutz

Licensed Embalmer No. 388

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.